

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Ray**

First name

Middle name

**Iacovone**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****Vanessa**

First name

**N.**

Middle name

**Iacovone**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-2982****xxx-xx-2782**

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (*if known*) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**6549 Ryefield DR  
Fayetteville, NC 28314**

Number, Street, City, State & ZIP Code

**Cumberland**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- No.  
 Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No  
 Yes.

Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____
Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____

**11. Do you rent your residence?**

- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ray Iacovone

**Ray Iacovone**

Signature of Debtor 1

/s/ Vanessa N. Iacovone

**Vanessa N. Iacovone**

Signature of Debtor 2

Executed on November 6, 2019  
 MM / DD / YYYY

Executed on November 6, 2019  
 MM / DD / YYYY

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ R. Gregg Edwards**  
 Signature of Attorney for Debtor

Date

**November 6, 2019**  
 MM / DD / YYYY

**R. Gregg Edwards 10862**  
 Printed name

**R. Gregg Edwards, P.A.**  
 Firm name

**2517 Raeford RD  
 Ste D  
 Fayetteville, NC 28305**

Number, Street, City, State & ZIP Code

Contact phone **910-483-3399**

Email address

**office@rgedwards.com**

**10862 NC**

Bar number & State



Certificate Number: 20196281255

## CERTIFICATE OF CREDIT COUNSELING

I certify that on 06/28/2019, Ray Iacovone  
received from Abacus Credit Counseling, an agency approved pursuant to 11  
U.S.C. § 111 to provide credit counseling in the Eastern District of North Carolina,  
an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§  
109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a  
copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 28, 2019

By: /s/Laura M Ahart

Name: Laura M Ahart

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



Certificate Number: 20196281255

## CERTIFICATE OF CREDIT COUNSELING

I certify that on 06/28/2019, Vanessa Iacovone  
received from Abacus Credit Counseling, an agency approved pursuant to 11  
U.S.C. § 111 to provide credit counseling in the Eastern District of North Carolina,  
an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§  
109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a  
copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 28, 2019

By: /s/Laura M Ahart

Name: Laura M Ahart

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy  
Code are required to file with the United States Bankruptcy Court a completed certificate of  
counseling from the nonprofit budget and credit counseling agency that provided the individual  
the counseling services and a copy of the debt repayment plan, if any, developed through the  
credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
FAYETTEVILLE DIVISION**

**IN RE:**

**RAY IACOVONE  
VANESSA N. IACOVONE  
DEBTORS**

**CASE NO: 19-0 -5-JNC  
CHAPTER 7 PROCEEDING**

**CERTIFICATE OF COMPLIANCE WITH LOCAL RULE 4002**

The undersigned Debtor(s) hereby certify that they have in their possession, and will provide to the Trustee at the 341 Meeting of Creditors, the following documents:

1. Evidence of current income, including payment advices or other evidence of payment, if any with all but the last four digits of the debtors social security number redacted, received by the debtor(s) from and employer within 60 days before filing of the petition; or if initialed below,  
  
\_\_\_\_\_ the said documentation does not exist.
2. Statements of each of the debtors' depository and investment accounts, including checking, savings, and money market account, mutual funds and brokerage accounts for the time period that includes the date of the filing of the petition; or if initialed below,  
  
\_\_\_\_\_ the said documentation does not exist.
3. Documentation of monthly expenses as may be required; or if initialed below,  
  
\_\_\_\_\_ the said documentation does not exist.
4. A copy of the Federal tax return for the most recent tax year immediately before the commencement of the case and for which a return was filed, including attachments, or a transcript of the tax return; or if initialed below,  
  
\_\_\_\_\_ the said documentation does not exist.

Dated: November 6, 2019

/s/Ray Iacovone  
Debtor

/s/ Vanessa N. Iacovone  
Joint Debtor

**NOTICE PURSUANT TO 11 U.S.C. §527(a)(2)**

(A) All information that you provide with a petition and thereafter during a bankruptcy case is required to be complete, accurate, and truthful;

(B) All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. The replacement value\* of each asset must be stated in those documents where requested after reasonable inquiry to establish such value;

\* Replacement value means the value of such property as of the date of the filing of the petition without deduction for costs of sale or marketing. With respect to property acquired for personal, family, or household purposes, replacement value shall mean the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value is determined. §506(a)(2)

(C) Current monthly income, the amounts specified in section 707(b)(2) and, in a case under chapter 13 of this title, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry; and

(D) Information that you provide during your case may be audited pursuant to the Bankruptcy Code, and failure to provide such information may result in dismissal of the case or other sanction, including a criminal sanction.

Dated: November 6, 2019

/s/Ray Iacovone  
Debtor

/s/ Vanessa N. Iacovone  
Joint Debtor

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a trustee and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Dated: November 6, 2019

/s/Ray Iacovone  
Debtor

/s/ Vanessa N. Iacovone  
Joint Debtor

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
FAYETTEVILLE DIVISION**

**IN RE:**

**RAY IACOVONE  
VANESSA N. IACOVONE  
DEBTORS**

**CASE NO: 19-0 -5-JNC  
CHAPTER 7 PROCEEDING**

**CERTIFICATION OF MAILING MATRIX  
REQUIRED BY E.D.N.C. LBR 1007-2**

I hereby certify under penalty of perjury that the attached list of creditors which has been prepared in the format required by the clerk is true and accurate to the best of my knowledge and includes all creditors scheduled in the petition.

Date: 11/6/2019

/s/ R. Gregg Edwards  
R. Gregg Edwards  
Attorney for Debtor

## Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Vanessa N. Iacovone</b>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF NORTH CAROLINA</b>				
Case number (if known) _____				

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>21,183.66</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>21,183.66</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>18,921.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ <b>18,921.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <b>157,476.00</b>
		<b>Your total liabilities</b> \$ <b>176,397.00</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>8,697.00</b>
	Copy your combined monthly income from line 12 of Schedule I.....	\$ <b>8,697.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>8,848.00</b>
	Copy your monthly expenses from line 22c of Schedule J.....	\$ <b>8,848.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>6,291.00</u>
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>56,505.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>56,505.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF NORTH CAROLINA</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1	Make: <b>Ford</b> Model: <b>Expedition</b> Year: <b>2009</b> Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>Who has an interest in the property? Check one</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this is community property</b> <small>(see instructions)</small>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
			<b>\$4,850.00</b>	<b>\$4,850.00</b>
3.2	Make: <b>Cadillac</b> Model: <b>CTS</b> Year: <b>2009</b> Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>Who has an interest in the property? Check one</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this is community property</b> <small>(see instructions)</small>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
			<b>\$4,750.00</b>	<b>\$4,750.00</b>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

\$9,600.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe.....

Bedroom Furniture	\$3,000.00
-------------------	------------

Living Room Furniture \$300.00, Bedroom Furniture \$300.00,	\$600.00
---	----------

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

Kitchen Appliances \$25.00, Freezer \$100.00, Washing Machine \$100.00, Dryer \$100.00, Television \$300.00, Stereo \$50.00, Computer/IPAD \$50.00, Vacuum \$300.00, Toys, and or Sports and Hobby equipment \$100.00	\$1,125.00
---	------------

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe.....

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe.....

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe.....

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No  
 Yes. Describe.....

Clothes \$300.00 and jewelry \$20.00	\$320.00
--------------------------------------	----------

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$5,045.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking	USAA	<u>\$38.88</u>
17.2. Savings	USAA	<u>\$123.60</u>
17.3. Checking	USAA	<u>\$1.18</u>

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

<b>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture</b>	
<input checked="" type="checkbox"/> No	

 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

<b>401(k)</b>	<b>401(K) through Ashbury Automotive</b>	<b>\$2,875.00</b>
---------------	--	-------------------

<b>VA Disability</b>	<b>US Government</b>	<b>\$3,500.00</b>
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**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**Life Insurance through Veterans Affairs****Debtor 1****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,538.66

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5 .....	\$9,600.00
57. Part 3: Total personal and household items, line 15 .....	\$5,045.00
58. Part 4: Total financial assets, line 36 .....	\$6,538.66
59. Part 5: Total business-related property, line 45 .....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00
61. Part 7: Total other property not listed, line 54 .....	\$0.00
62. Total personal property. Add lines 56 through 61... .....	\$21,183.66
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....	\$21,183.66

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
<b>2009 Ford Expedition</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$4,850.00</b>	<input type="checkbox"/> \$0.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(3)</b>
<b>2009 Cadillac CTS</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$4,750.00</b>	<input type="checkbox"/> \$0.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(3)</b>
<b>Bedroom Furniture</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$3,000.00</b>	<input type="checkbox"/> \$0.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Living Room Furniture \$300.00, Bedroom Furniture \$300.00,</b> Line from <i>Schedule A/B</i> : 6.2	<b>\$600.00</b>	<input type="checkbox"/> \$600.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Kitchen Appliances \$25.00, Freezer \$100.00, Washing Machine \$100.00, Dryer \$100.00, Television \$300.00, Stereo \$50.00, Computer/IPAD \$50.00, Vacuum \$300.00, Toys, and or Sports and Hobby equipment \$100.00</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$1,125.00</b>	<input type="checkbox"/> \$1,125.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i> .			
<b>Clothes \$300.00 and jewelry \$20.00</b> Line from <i>Schedule A/B:</i> 11.1	<b>\$320.00</b>	<input type="checkbox"/> <b>\$320.00</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Checking: USAA</b> Line from <i>Schedule A/B:</i> 17.1	<b>\$38.88</b>	<input type="checkbox"/> <b>\$38.88</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>Savings: USAA</b> Line from <i>Schedule A/B:</i> 17.2	<b>\$123.60</b>	<input type="checkbox"/> <b>\$123.60</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>Checking: USAA</b> Line from <i>Schedule A/B:</i> 17.3	<b>\$1.18</b>	<input type="checkbox"/> <b>\$1.18</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>401(k): 401(K) through Ashbury Automotive</b> Line from <i>Schedule A/B:</i> 21.1	<b>\$2,875.00</b>	<input type="checkbox"/> <b>\$2,875.00</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(9)</b>
<b>VA Disability: US Government</b> Line from <i>Schedule A/B:</i> 21.2	<b>\$3,500.00</b>	<input type="checkbox"/> <b>\$3,500.00</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>38 U.S.C. § 5301(a)</b>
<b>Life Insurance through Veterans Affairs</b> <b>Beneficiary: Debtor 1</b> Line from <i>Schedule A/B:</i> 31.1	<b>\$0.00</b>	<input type="checkbox"/> <b>\$0.00</b> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Const. Art. X § 5; N.C. Gen. Stat. § 1C-1601(a)(6)</b>

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Rev. 3/2016

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN THE MATTER OF:  
**Ray Iacovone**  
**Vanessa N. Iacovone**  
Debtor(s).

CASE NUMBER:

## SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, **Ray Iacovone and Vanessa N. Iacovone**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
<b>-NONE-</b>						

Debtor's Age: \_\_\_\_\_  
Name of former co-owner: \_\_\_\_\_

**VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 0.00**

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
<b>Ford Expedition 2009</b>	<b>\$4850.00</b>	<b>2</b>	<b>D&amp;E Auto Gallery</b>	<b>\$6331.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Cadillac CTS 2009</b>	<b>\$4750.00</b>	<b>1</b>	<b>Mark's Auto, LLC</b>	<b>\$4750.00</b>	<b>0.00</b>	<b>0.00</b>

**VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 0.00**

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 0.

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
<b>Clothes \$300.00 and jewelry \$20.00</b>	<b>320.00</b>	<b>J</b>			<b>320.00</b>	<b>320.00</b>
<b>Kitchen Appliances \$25.00, Freezer \$100.00, Washing Machine \$100.00, Dryer \$100.00, Television \$300.00, Stereo \$50.00, Computer/IPAD \$50.00, Vacuum \$300.00, Toys, and or Sports and Hobby equipment \$100.00</b>	<b>1,125.00</b>	<b>J</b>			<b>1,125.00</b>	<b>1,125.00</b>

Schedule C-1 - Property Claimed as Exempt - 3/2016

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
<b>Living Room Furniture \$300.00, Bedroom Furniture \$300.00,</b>	<b>600.00</b>	<b>J</b>			<b>600.00</b>	<b>600.00</b>
<b>Bedroom Furniture</b>	<b>3,000.00</b>	<b>2</b>	<b>Okinus, Inc</b>	<b>7,840.00</b>	<b>3,000.00</b>	<b>3,000.00</b>

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 5,045.00**

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
<b>-NONE-</b>						

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 0.00**

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured>Last Four Digits of Policy Number\Beneficiary(if child, initials only)	Cash Value
<b>Life Insurance through Veterans Affairs Beneficiary: Debtor 1</b>	<b>No cash value</b>

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description
<b>-NONE-</b>

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity
<b>-NONE-</b>

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
<b>Any other property</b>	<b>10,000.00</b>				<b>10,000.00</b>	<b>10,000.00</b>

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 10,000.00**

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account>Last Four Digits of Account Number
<b>401(k): 401(K) through Ashbury Automotive</b>

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

<u>College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary</u>
<b>-NONE-</b>

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

<u>Name of Retirement Plan\State Governmental Unit&gt;Last Four Digits of Identifying Number</u>
<b>-NONE-</b>

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

<u>Type of Support\Amount\Location of Funds</u>
<b>-NONE-</b>

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value
<b>-NONE-</b>				

**VALUE CLAIMED AS EXEMPT: \$ 0.00**

#### 14. NORTH CAROLINA PENSION FUND EXEMPTIONS

<b>-NONE-</b>	
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#### 15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	<b>Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362</b>	<b>38.88</b>
b.	<b>Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362</b>	<b>1.18</b>
c.	<b>Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362</b>	<b>123.60</b>

#### 16. FEDERAL PENSION FUND EXEMPTIONS

<b>-NONE-</b>	
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#### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

<b>VA Disability monthly</b>	<b>3,500.00</b>
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#### 18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
<b>-NONE-</b>				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
<b>None</b>					

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

**UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL  
TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT**

We, Ray Iacovone and Vanessa N. Iacovone, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 4 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: November 6, 2019

/s/ Ray Iacovone  
**Ray Iacovone**

Debtor

/s/ Vanessa N. Iacovone  
**Vanessa N. Iacovone**

Debtor 2

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	D & E Auto Gallery Creditor's Name	Describe the property that secures the claim: <b>2009 Ford Expedition</b>	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
			<b>\$6,331.00</b>	<b>\$4,850.00</b>	<b>\$1,481.00</b>

**Attn: Officer  
5419 Raeford RD  
Fayetteville, NC 28304**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

**Date debt was incurred** 7/31/2019

**Last 4 digits of account number** \_\_\_\_\_

**Purchase Money Security**

2.2	Mark's Auto, LLC Creditor's Name	Describe the property that secures the claim: <b>2009 Cadillac CTS</b>	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
			<b>\$4,750.00</b>	<b>\$4,750.00</b>	<b>\$0.00</b>

**Attn: Managing Agent  
1106 Honeycutt RD  
Fayetteville, NC 28311**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

**Date debt was incurred** 6/20/2019

**Last 4 digits of account number** \_\_\_\_\_

**Purchase Money Security**

Debtor 1	<b>Ray Iacovone</b>	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	<b>Vanessa N. Iacovone</b>	First Name _____	Middle Name _____	Last Name _____			
2.3	<b>Okinus, Inc</b>	Describe the property that secures the claim: <b>Bedroom Furniture</b>			\$7,840.00	\$3,000.00	\$4,840.00
					Creditor's Name		
					As of the date you file, the claim is: Check all that apply.		
					<input type="checkbox"/> Contingent		
					<input type="checkbox"/> Unliquidated		
					<input type="checkbox"/> Disputed		
					<b>Nature of lien.</b> Check all that apply.		
					<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
					<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
					<input type="checkbox"/> Judgment lien from a lawsuit		
					<input checked="" type="checkbox"/> Other (including a right to offset) <b>Rent to Own</b>		
					Number, Street, City, State & Zip Code		
					Who owes the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only							
<input type="checkbox"/> Debtor 2 only							
<input type="checkbox"/> Debtor 1 and Debtor 2 only							
<input type="checkbox"/> At least one of the debtors and another							
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>							
					Date debt was incurred _____		
					Last 4 digits of account number _____		

Add the dollar value of your entries in Column A on this page. Write that number here: **\$18,921.00**  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: **\$18,921.00**

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service	\$0.00	\$0.00	\$0.00
Priority Creditor's Name			
Centralized Insolvency Operations			
PO Box 7346			
Philadelphia, PA 19101-7346			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations			
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> Other. Specify _____			

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

2.2	<b>Jessica Marie Bastardo</b> Priority Creditor's Name <b>513 Alexander ST</b> <b>San Angelo, TX 76901</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
<b>When was the debt incurred?</b> _____					
<b>As of the date you file, the claim is:</b> Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b>					
<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Child Support</b>					
2.3	<b>NC Attorney General</b> Priority Creditor's Name <b>Attn: Revenue Section</b> <b>PO Box 629</b> <b>Raleigh, NC 27602</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
<b>When was the debt incurred?</b> _____					
<b>As of the date you file, the claim is:</b> Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b>					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
2.4	<b>NC Department of Revenue</b> Priority Creditor's Name <b>Office of Serv. Div BK Unit</b> <b>PO Box 1168</b> <b>Raleigh, NC 27602-1168</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
<b>When was the debt incurred?</b> _____					
<b>As of the date you file, the claim is:</b> Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b>					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

2.5	<b>US Attorney General's Office</b>	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name					
<b>150 Fayetteville Street Suite 200 Raleigh, NC 27601-1461</b>					
Number Street City State Zip Code					
<b>Who incurred the debt?</b> Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Unliquidated					
<input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b>					
<input type="checkbox"/> Domestic support obligations					
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify _____					

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	<b>Resurgent/LVNV Funding, LLC</b>	\$699.00
Nonpriority Creditor's Name		
<b>Attn: Managing Agent PO Box 10497 Greenville, SC 29603</b>		
Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b> _____		

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.2	<b>Aldous and Associates</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>PO Box 171374</b> <b>Salt Lake City, UT 84117</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,259.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>Collection Account Omni</u></p>			
4.3	<b>Aqua</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>202MacKenan DR</b> <b>Cary, NC 27511</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>Unknown</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify _____</p>			
4.4	<b>AR Resources, Inc.</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>Jacksonville, FL 32247</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,447.00</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>Collection Account Sandhills Emergency Physicians</u></p>			

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.5	<b>Best Buy CBNA</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>PO Box 6497</b> <b>Sioux Falls, SD 57117-6497</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,978.00</b>
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit card purchases</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>4.6</b> <b>BRC North Reilly, LLC</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>5826 Samet Drive Suite 105</b> <b>High Point, NC 27265</b> Number Street City State Zip Code			
Last 4 digits of account number _____ <b>\$3,155.00</b> When was the debt incurred? <b>05/25/2017</b> <b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Judgment</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>4.7</b> <b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130-0281</b> Number Street City State Zip Code			
Last 4 digits of account number _____ <b>\$0.00</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.8 **CB Indigo** Last 4 digits of account number \_\_\_\_\_ \$788.00

Nonpriority Creditor's Name  
**Attn: Managing Agent**  
**PO Box 4499**  
**Beaverton, OR 97076-4499**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
**Is the claim subject to offset?**  
 No       Other. Specify \_\_\_\_\_  
 Yes

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.9 **CBE Group** Last 4 digits of account number \_\_\_\_\_ \$158.00

Nonpriority Creditor's Name  
**Attn: Officer**  
**PO Box 979110**  
**Saint Louis, MO 63197**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
**Is the claim subject to offset?**  
 No       Other. Specify **Collections Ashford University**  
 Yes

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

4.1 **CBNA** Last 4 digits of account number \_\_\_\_\_ \$1,978.00

Nonpriority Creditor's Name  
**Attn: Officer**  
**PO Box 6497**  
**Sioux Falls, SD 57117**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
**Is the claim subject to offset?**  
 No       Other. Specify \_\_\_\_\_  
 Yes

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

<b>4.1 1</b>	<p><b>Chrysler Capital</b>            Nonpriority Creditor's Name  <b>Attn: Officer or Managing Agent</b>  <b>PO Box 961275</b>  <b>Fort Worth, TX 76161-0275</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$32,868.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>2017 Dodge Ram 1500 44,083 miles</b></p> <p><b>■ Other. Specify</b> <u>VIN: 1C6RR6KGXHS615091</u></p>
<b>4.1 2</b>	<p><b>Comenity Bank/Victoria Secret</b>            Nonpriority Creditor's Name  <b>Attn: Officer</b>  <b>PO Box 182789</b>  <b>Columbus, OH 43218-2789</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$187.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>■ Other. Specify</b> <u>Credit card purchases</u></p>
<b>4.1 3</b>	<p><b>Enhanced Recovery Co.</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>PO Box 57547</b>  <b>Jacksonville, FL 32241</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$2,277.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>■ Other. Specify</b> <u>Collection Account</u></p>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

<b>4.1 4</b>	<p><b>Fastmed Urgent Care</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>935 Shotwell RD Suite 108</b>  <b>Clayton, NC 27520-5598</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$0.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b> _____</p>
<b>4.1 5</b>	<p><b>Federal Loan Servicing</b>            Nonpriority Creditor's Name  <b>Attn: Officer</b>  <b>PO Box 60610</b>  <b>Harrisburg, PA 17106</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>Multiple Accounts</b> <b>\$56,505.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <b>Student Loan</b> _____</p>
<b>4.1 6</b>	<p><b>First Premier Bank</b>            Nonpriority Creditor's Name  <b>Attn: Officer</b>  <b>3820 N. Louise AVE</b>  <b>Sioux Falls, SD 57107</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>\$469.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b> _____</p>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.1 7	<p><b>First Health of the Carolinas</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>PO Box 580484</b>  <b>Charlotte, NC 28258-0484</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> <p><b>Is the claim subject to offset?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p>Last 4 digits of account number _____ <b>\$0.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b> _____</li> </ul>
4.1 8	<p><b>FirstPoint Collection Resource</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>PO Box 26140</b>  <b>Greensboro, NC 27402-6140</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> <p><b>Is the claim subject to offset?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p>Last 4 digits of account number _____ <b>\$196.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b> _____</li> </ul>
4.1 9	<p><b>IC Systems</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>PO Box 64437</b>  <b>Saint Paul, MN 55164-0437</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> <li><input type="checkbox"/> <b>Check if this claim is for a community debt</b></li> </ul> <p><b>Is the claim subject to offset?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p>Last 4 digits of account number _____ <b>\$453.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Collection Account</b> _____</li> </ul>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.2 0	<p><b>KLS Financial Services, Inc</b>            Nonpriority Creditor's Name  <b>Attn: Manaing Agent</b>  <b>991 Aviation PKWY, STE 300</b>  <b>Morrisville, NC 27560</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$83.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Account Fastmed NC</b></p>
4.2 1	<p><b>Monterey Financial Services, LLC</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>4095 Avenida De La Plata</b>  <b>Oceanside, CA 92056</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$2,830.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>
4.2 2	<p><b>Omni of Fayetteville</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>1400 Walter Reed RD</b>  <b>Fayetteville, NC 28314</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,259.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Gym Membership</b></p>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.2 3	<p><b>Online Information Services</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent or Officer</b>  <b>PO Box 1489</b>  <b>Winterville, NC 28590-1489</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$106.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Account Aqua</b> _____</p>
4.2 4	<p><b>Piedmont Advantage Credit Union</b>            Nonpriority Creditor's Name  <b>Attn: Officer or Managing Agent</b>  <b>3530 Advantage Way</b>  <b>Winston Salem, NC 27105</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$26,647.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>2014 Dodge Ram 4WD Hemi 154779 miles Surrender</b> _____</p>
4.2 5	<p><b>Pinehurst Radiology Group</b>            Nonpriority Creditor's Name  <b>Attn: Managing Agent</b>  <b>PO Box 63450</b>  <b>Charlotte, NC 28263-3450</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$0.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.2 6	<b>Portfolio Recovery Associates</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>120 Corporate Blvd, Ste 100</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Account Capital One</b> _____	<b>\$535.00</b>
4.2 7	<b>Rent Recovery Solutions</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>2814 Spring RD STE 301</b> <b>Atlanta, GA 30339</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$3,155.00</b>
4.2 8	<b>Reserve at Carrington Place PH</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>6511 Lexi LN</b> <b>Fayetteville, NC 28314</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>Unknown</b>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.2  
9

<b>Sandhills Emergency Physicians</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>120 Applecross RD</b> <b>Pinehurst, NC 28374</b>	Last 4 digits of account number _____	\$0.00
Number Street City State Zip Code	When was the debt incurred? _____	
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>	

4.3  
0

<b>Sandhills Emergency Physicians</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>120 Applecross RD</b> <b>Pinehurst, NC 28374</b>	Last 4 digits of account number _____	\$0.00
Number Street City State Zip Code	When was the debt incurred? _____	
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.3  
1

<b>Stern Recovery Service</b> Nonpriority Creditor's Name <b>Attn: Managing Agent</b> <b>1102 Grecade ST</b> <b>Greensboro, NC 27408</b>	Last 4 digits of account number _____	\$9,572.00
Number Street City State Zip Code	When was the debt incurred? _____	
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collection Account Medfirst of the Carolinas</u>	

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.3  
2**The Bank of Missouri/Mid-America****Ba**

Nonpriority Creditor's Name

**Attn: Officer**  
**216 W. 2nd ST**  
**Dixon, MO 65459-8048**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$300.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
  - Student loans
  - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
  - Debts to pension or profit-sharing plans, and other similar debts
  - Other. Specify **Credit card purchases**

4.3  
3**USAA**

Nonpriority Creditor's Name

**Attn: Officer**  
**10750 McDermott Freeway**  
**San Antonio, TX 78288-0544**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$463.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
  - Student loans
  - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
  - Debts to pension or profit-sharing plans, and other similar debts
  - Other. Specify **Credit card purchases**

4.3  
4**Verizon Wireless**

Nonpriority Creditor's Name

**Attn: Officer**  
**PO Box 650051**  
**Dallas, TX 75265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$1,325.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
  - Student loans
  - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
  - Debts to pension or profit-sharing plans, and other similar debts
  - Other. Specify **Cell phone**

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

4.3 5	<b>Web Bank Fingerhut</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>6250 Ridgewood RD</b> <b>Saint Cloud, MN 56303</b>	Last 4 digits of account number _____	<b>\$127.00</b>
Number Street City State Zip Code		When was the debt incurred? _____	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b> _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.3 6	<b>Wells Fargo Dealer Services</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>PO Box 25341</b> <b>Santa Ana, CA 92799-5341</b>	Last 4 digits of account number _____	<b>\$6,657.00</b>
Number Street City State Zip Code		When was the debt incurred? _____	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Repossession Deficiency</b> _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim	
			\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	<b>0.00</b>
Total claims	6f. Student loans	6f.	\$	<b>56,505.00</b>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

## from Part 2

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 6h. Debts to pension or profit-sharing plans, and other similar debts  
 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6g. \$	<b>0.00</b>
6h. \$	<b>0.00</b>
6i. \$	<b>100,971.00</b>

6j. \$	<b>157,476.00</b>
--------	-------------------

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number (if known)				

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Child Inc. Attn: Managing Agent 5959 Fisher RD Fayetteville, NC 28304	Tutor for children
2.2 Okinus Attn: Managing Agent 147 West Railroad ST S Pelham, GA 31779	Furniture
2.3 Omni of Fayetteville Attn: Managing Agent 1400 Walter Reed RD Fayetteville, NC 28314	Gym Membership

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>
Debtor 2 (Spouse, if filing)	<b>Vanessa N. Iacovone</b>
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF NORTH CAROLINA</b>
Case number (if known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Sales</b>	<b>Administrative Assistant</b>
Employer's name	<b>Crown Dodge</b>	<b>Meritor</b>
Employer's address	<b>256 Swain RD Fayetteville, NC 28303</b>	<b>22012 Skyway Church RD Maxton, NC 28364</b>

How long employed there? **4 years** **7 months**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,456.00</b>	\$ <b>1,835.00</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>4,456.00</b>	\$ <b>1,835.00</b>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <u><b>4,456.00</b></u>	\$ <u><b>1,835.00</b></u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u><b>519.00</b></u>	\$ <u><b>197.00</b></u>
5b. Mandatory contributions for retirement plans	5b. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
5c. Voluntary contributions for retirement plans	5c. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
5d. Required repayments of retirement fund loans	5d. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
5e. Insurance	5e. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
5f. Domestic support obligations	5f. \$ <u><b>378.00</b></u>	\$ <u><b>0.00</b></u>
5g. Union dues	5g. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
5h. Other deductions. Specify: _____	5h.+ \$ <u><b>0.00</b></u>	+ \$ <u><b>0.00</b></u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u><b>897.00</b></u>	\$ <u><b>197.00</b></u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u><b>3,559.00</b></u>	\$ <u><b>1,638.00</b></u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8b. Interest and dividends	8b. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8d. Unemployment compensation	8d. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8e. Social Security	8e. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8g. Pension or retirement income	8g. \$ <u><b>0.00</b></u>	\$ <u><b>0.00</b></u>
8h. Other monthly income. Specify: <u>VA Disability</u>	8h.+ \$ <u><b>0.00</b></u>	+ \$ <u><b>3,500.00</b></u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u><b>0.00</b></u>	\$ <u><b>3,500.00</b></u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u><b>3,559.00</b></u>	+ \$ <u><b>5,138.00</b></u> = \$ <u><b>8,697.00</b></u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u><b>0.00</b></u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u><b>8,697.00</b></u>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <u>Debtor 2 no longer working,</u>		

Fill in this information to identify your case:

Debtor 1	<u>Ray Iacovone</u>
Debtor 2	<u>Vanessa N. Iacovone</u>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF NORTH CAROLINA</u>
Case number (If known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,150.00

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>100.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>500.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>40.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>340.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,500.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>1,556.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>500.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>300.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>300.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>1,000.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>100.00</u>	
15b. Health insurance	15b. \$ <u>80.00</u>	
15c. Vehicle insurance	15c. \$ <u>532.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>400.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>350.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>8,848.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>8,848.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>8,848.00</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>8,697.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>8,848.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-151.00</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

**Fill in this information to identify your case:**

Debtor 1	<b>Ray Iacovone</b>	
	First Name	Middle Name
	Last Name	
Debtor 2	<b>Vanessa N. Iacovone</b>	
(Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF NORTH CAROLINA</b>	
Case number (if known)		

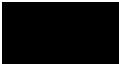
Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Ray Iacovone

**Ray Iacovone**

Signature of Debtor 1

Date November 6, 2019

X /s/ Vanessa N. Iacovone

**Vanessa N. Iacovone**

Signature of Debtor 2

Date November 6, 2019

**Fill in this information to identify your case:**

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1  
lived there****Debtor 2 Prior Address:****Dates Debtor 2  
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
From January 1 of current year until the date you filed for bankruptcy:	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$45,065.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$18,350.26

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$45,754.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$45,992.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- No  
 Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
R. Gregg Edwards, P.A. 2517 Raeford RD Ste D Fayetteville, NC 28305 office@rgedwards.com	Attorney Fees	11/6/19	\$1,500.00

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
USAA Savings Bank Attn: Officer PO BOX 33009 San Antonio, TX 78265	XXXX-5222	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$38.88
USAA Savings Bank Attn: Officer PO BOX 33009 San Antonio, TX 78265	XXXX-1515	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$123.60
USAA Savings Bank Attn: Officer PO BOX 33009 San Antonio, TX 78265	XXXX-6145	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$1.18

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (*if known*)**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name  
 Address (Number, Street, City, State and ZIP Code)

Where is the property?  
 (Number, Street, City, State and ZIP Code)

Describe the property

Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site  
 Address (Number, Street, City, State and ZIP Code)

Governmental unit  
 Address (Number, Street, City, State and ZIP Code)

Environmental law, if you  
 know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site  
 Address (Number, Street, City, State and ZIP Code)

Governmental unit  
 Address (Number, Street, City, State and ZIP Code)

Environmental law, if you  
 know it

Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title  
 Case Number

Court or agency  
 Name  
 Address (Number, Street, City, State and ZIP Code)

Nature of the case

Status of the  
 case

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Ray Iacovone**  
 Debtor 2 **Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

- No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Describe the nature of the business  
 Name of accountant or bookkeeper

Employer Identification number  
 Do not include Social Security number or ITIN.  
 Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ray Iacovone  
 Ray Iacovone  
 Signature of Debtor 1

/s/ Vanessa N. Iacovone  
 Vanessa N. Iacovone  
 Signature of Debtor 2

Date November 6, 2019Date November 6, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Vanessa N. Iacovone</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

## Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **Okinus, Inc**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Description of property securing debt: **Bedroom Furniture**

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

## Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

## Describe your unexpired personal property leases

## Will the lease be assumed?

Lessor's name: **Child Inc.**

No

Yes

Description of leased Property: **Tutor for children**

Lessor's name: **Okinus**

No

Debtor 1 **Ray Iacovone**  
Debtor 2 **Vanessa N. Iacovone**

Case number (*if known*) \_\_\_\_\_

Yes

Description of leased **Furniture**  
Property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Ray Iacovone

**Ray Iacovone**

Signature of Debtor 1

X /s/ Vanessa N. Iacovone

**Vanessa N. Iacovone**

Signature of Debtor 2

Date

November 6, 2019

Date

November 6, 2019

Fill in this information to identify your case:

Debtor 1	<b>Ray Iacovone</b>
Debtor 2	<b>Vanessa N. Iacovone</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	Eastern District of North Carolina
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,456.00	\$ 1,835.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties		\$ 0.00

Debtor 1  
Debtor 2**Ray Iacovone**  
**Vanessa N. Iacovone**

Case number (if known) \_\_\_\_\_

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**  
 \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00** \$ **0.00**

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>4,456.00</b>	+ \$ <b>1,835.00</b>	= \$ <b>6,291.00</b>
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Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **6,291.00**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form **x 12** \$ **75,492.00**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **NC**

Fill in the number of people in your household. **8**

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **121,948.00**

**14. How do the lines compare?**

- 14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.  
 Go to Part 3.
- 14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Ray Iacovone**  
**Ray Iacovone**  
 Signature of Debtor 1

**X /s/ Vanessa N. Iacovone**  
**Vanessa N. Iacovone**  
 Signature of Debtor 2

Debtor 1  
Debtor 2

**Ray Iacovone**  
**Vanessa N. Iacovone**

Case number (*if known*) \_\_\_\_\_

Date **November 6, 2019**  
MM / DD / YYYY

Date **November 6, 2019**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

### You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Chapter 12: Repayment plan for family farmers or fishermen**

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

**Chapter 13: Repayment plan for individuals with regular income**

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **Ray Iacovone**  
**Vanessa N. Iacovone**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>1,500.00</u>
Prior to the filing of this statement I have received .....	\$ <u>1,500.00</u>
Balance Due .....	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 6, 2019

Date

/s/ R. Gregg Edwards

**R. Gregg Edwards 10862**

*Signature of Attorney*

**R. Gregg Edwards, P.A.**

**2517 Raeford RD**

**Ste D**

**Fayetteville, NC 28305**

**910-483-3399**

**office@rgedwards.com**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Ray Iacovone  
Vanessa N. Iacovone**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **November 6, 2019**

**/s/ Ray Iacovone**

**Ray Iacovone**

Signature of Debtor

Date: **November 6, 2019**

**/s/ Vanessa N. Iacovone**

**Vanessa N. Iacovone**

Signature of Debtor

Resurgent/LVNV Funding, LLC Attn: Managing Agent PO Box 10497 Greenville, SC 29603	CBNA Attn: Officer PO Box 6497 Sioux Falls, SD 57117	First Health of the Carolinas Attn: Managing Agent PO Box 580484 Charlotte, NC 28258-0484
Aldous and Associates Attn: Managing Agent PO Box 171374 Salt Lake City, UT 84117	Child Inc. Attn: Managing Agent 5959 Fisher RD Fayetteville, NC 28304	FirstPoint Collection Resource Attn: Managing Agent PO Box 26140 Greensboro, NC 27402-6140
Aqua Attn: Managing Agent 202MacKenan DR Cary, NC 27511	Chrysler Capital Attn: Officer or Managing Agent PO Box 961275 Fort Worth, TX 76161-0275	IC Systems Attn: Managing Agent PO Box 64437 Saint Paul, MN 55164-0437
AR Resources, Inc. Attn: Managing Agent Jacksonville, FL 32247	Comenity Bank/Victoria Secret Attn: Officer PO Box 182789 Columbus, OH 43218-2789	Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346
Best Buy CBNA Attn: Officer PO Box 6497 Sioux Falls, SD 57117-6497	D & E Auto Gallery Attn: Officer 5419 Raeford RD Fayetteville, NC 28304	Jessica Marie Bastardo 513 Alexander ST San Angelo, TX 76901
BR North Reilly, LLC Attn: Officer 5826 Samet Drive Suite 105 High Point, NC 27265	Enhanced Recovery Co. Attn: Managing Agent PO Box 57547 Jacksonville, FL 32241	KLS Financial Services, Inc Attn: Manaing Agent 991 Aviation PKWY, STE 300 Morrisville, NC 27560
Capital One Attn: Officer PO Box 30281 Salt Lake City, UT 84130-0281	Fastmed Urgent Care Attn: Managing Agent 935 Shotwell RD Suite 108 Clayton, NC 27520-5598	Mark's Auto, LLC Attn: Managing Agent 1106 Honeycutt RD Fayetteville, NC 28311
CB Indigo Attn: Managing Agent PO Box 4499 Beaverton, OR 97076-4499	Federal Loan Servicing Attn: Officer PO Box 60610 Harrisburg, PA 17106	Monterey Financial Services, LLC Attn: Managing Agent 4095 Avenida De La Plata Oceanside, CA 92056
CBE Group Attn: Officer PO Box 979110 Saint Louis, MO 63197	First Premier Bank Attn: Officer 3820 N. Louise AVE Sioux Falls, SD 57107	NC Attorney General Attn: Revenue Section PO Box 629 Raleigh, NC 27602

NC Department of Revenue  
Office of Serv. Div BK Unit  
PO Box 1168  
Raleigh, NC 27602-1168

Reserve at Carrington Place PH  
Attn: Managing Agent  
6511 Lexi LN  
Fayetteville, NC 28314

Okinus  
Attn: Managing Agent  
147 West Railroad ST S  
Pelham, GA 31779

Sandhills Emergency Physicians  
Attn: Managing Agent  
120 Applecross RD  
Pinehurst, NC 28374

Okinus, Inc  
Attn: Managing Agent  
147 West Railroad ST S  
Pelham, GA 31779

Stern Recovery Service  
Attn: Managing Agent  
1102 Grecade ST  
Greensboro, NC 27408

Omni of Fayetteville  
Attn: Managing Agent  
1400 Walter Reed RD  
Fayetteville, NC 28314

The Bank of Missouri/Mid-America Ba  
Attn: Officer  
216 W. 2nd ST  
Dixon, MO 65459-8048

Online Information Services  
Attn: Managing Agent or Officer  
PO Box 1489  
Winterville, NC 28590-1489

US Attorney General's Office  
150 Fayetteville Street Suite 200  
Raleigh, NC 27601-1461

Piedmont Advantage Credit Union  
Attn: Officer or Managing Agent  
3530 Advantage Way  
Winston Salem, NC 27105

USAA  
Attn: Officer  
10750 McDermott Freeway  
San Antonio, TX 78288-0544

Pinehurst Radiology Group  
Attn: Managing Agent  
PO Box 63450  
Charlotte, NC 28263-3450

Verizon Wireless  
Attn: Officer  
PO Box 650051  
Dallas, TX 75265

Portfolio Recovery Associates  
Attn: Officer  
120 Corporate Blvd, Ste 100  
Norfolk, VA 23502

Web Bank Fingerhut  
Attn: Officer  
6250 Ridgewood RD  
Saint Cloud, MN 56303

Rent Recovery Solutions  
Attn: Managing Agent  
2814 Spring RD STE 301  
Atlanta, GA 30339

Wells Fargo Dealer Services  
Attn: Officer  
PO Box 25341  
Santa Ana, CA 92799-5341